

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3	1					
4						
5	1					
6	1					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
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36	2					
37	1					
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48						
49						
50						
TOTAL IND.	7					
TOTAL DEP.	42					
TOTAL CLAIMS	49					

	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
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